

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599,568

FILING DATE

10-2-08

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2		1				
3		2				
4		1				
5						
6						
7		1				
8		1				
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
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50						
TOTAL IND.	1		2			
TOTAL DEP.	7	←	13	←	←	
TOTAL CLAIMS	8		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	←
TOTAL CLAIMS						